DAVID Y. IGE



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

In reply, please refer to:

STATE OF HAWAII DEPARTMENT OF HEALTH OUTCOMES AND COMPLIANCE BRANCH CERTIFICATION UNIT

2201 Waimano Home Road, Hale A Pearl City, HI 96782 TELEPHONE: (808) 453-6301 FAX NUMBER: (808) 453-6217 November 14, 2016

In January 2014, the Centers for Medicare & Medicaid Services (CMS) issued new regulations that require home and community-based waiver services (HCBS) are provided in community-like settings. The purpose of these rules is to ensure that people have opportunities to access the benefits of community living and receive services in the most integrated settings. States developed a transition plan to implement these new regulations. Hawaii's transition plan to meet these requirements is called "My Choice My Way."

The Med-QUEST Division (MQD) and Developmental Disabilities Division (DDD) convened the My Choice My Way advisory group to develop Hawaii's transition plan. One component of the transition plan is the assessment of both residential and non-residential settings. The My Choice My Way Advisory Group have developed a survey to assess the State's current compliance with the new HCBS regulations.

By completing this survey, you will provide us information to help create a better picture of your setting. **Participation in this assessment process is mandatory**. The first page of the survey will have simple instructions on how to complete the survey. On the last page, you will have the opportunity to provide any comments.

Please return this survey in the enclosed postage-paid return envelopes by **November 30, 2016**. If you have any questions, please contact your certifier:

Renee Bailey 453-6309 William Landford 453-6411 Diane Quisano 453-6410

In addition, please visit www.med-quest.us as DHS continues to update our website with information on the transition plan.

Thank you in advance for your participation and your input is greatly appreciated!

Sincerely,

Sharon Adric Compliance Section Supervisor